PTO/SB/01 (6-95)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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0010/PTO	U.S. Department of Commerce	Attorney Docket Number P/63034				
Rev. 6/95	Patent and Trademark Office	First Named Inventor	GERHARD HERBIG			
DECL	ARATION FOR	COMPLI	ETE IF KNOWN			
	Y OR DESIGN	Application Number	10/009.619			
PATEN'	T APPLICATION	Filing Date	DECEMBER 11, 2001			
☐ Dedan	ation OR Declaration	Group Art Unit	·			
Submit with Ini	Submitted after	Examiner Name				

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
RECEIVER FOR TWO ORTHAGONALLY POLARISED SIGNALS										
(Tille of the Invention)										
the specification of which	· ·									
is attached hereto										
OR was filed on (MM/DD/YYY)  DECEMBER 11, 3001  as United States Application Number or PCT International										
	/ and s	was amended on (MM/DD/YYY	m		(if applicable).					
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I hereby state that I have re-	viewed and understand the conten	nts of the above identified speci	ification, including 1	the claims, as amen	ded by any					
amendment specifically refe			Title 37 Code of E	edemi Regulations	61 56					
I acknowledge the duty to di	sclose information which is materi	ial to patentability as defined in	Tibe 37 Code of F	ecelal (regulations,	31.00.					
certificate, or §365 (a) of any	benefits under Title 35, United St PCT international application which d below, by checking the box, any e before that of the application on	n designated at least one could foreign application for patent (								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)		Certified Cop	y Attached?					
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Additional foreign applicat	ion numbers are listed on a suppl	emental priority sheet attached	l hereto:							
I hereby claim the benefit un	nder Title 35, United States Code <sup>9</sup>	119(e) of any United States p	rovisional application	on(s) listed below.						
Application Number(		te (MM/DD/YYYY)	Additional provisional application numbers							
			are list							
		·		mental priority attached hereto.						
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